MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-012861
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 74

FILED MAR 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

2

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN St Charles
Length of stay in 1b: 10 HRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY St Charles
c. CITY OR TOWN St Charles
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. 4 Box 333
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ruth Middle Ann Last Hand

4. DATE OF DEATH: Month March Day 8 Year 1963

5. SEX: FEMALE

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3-8-63

9. AGE (last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours 10 Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St Charles, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Davidson Hand

13b. MOTHER'S MAIDEN NAME: Clara Edna Schroeder

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

16. SOCIAL SECURITY NO.

17. INFORMANT: Davidson Hand Address: St Charles, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hyaline Membrane Disease.	10 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Caesarean Section	10 hrs.
DUE TO (c)	Diabetes.	10 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Aspiration of amniotic fluid

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9:30 AM 3-8 to 6:30 PM and last saw her/him alive on 3-8-63.
Death occurred at 6:40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.

22b. ADDRESS 907 N 5th

22c. DATE SIGNED 3-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10 March 1963

23c. NAME OF CEMETERY OR CREMATORY St. Charles Memorial Gardens

23d. LOCATION (City, town, or county) St. Charles (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Priester-Baue Funeral Home, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG. 3-10-63

26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Frederic N. Bauer

Licensed Embalmer No. 4607

P. O. Address So. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.